HONEY CREEK HEALTH AND REHABILITATION

2730 WEST RAMSEY AVENUE

MILWAUKEE 53221 Phone: (414) 282-2600 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): 191 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: 128 Average Daily Census: 144

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %					
Home Health Care Supp. Home Care-Personal Care	No No			 Age Groups 	%		31.3 46.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.8	Under 65	3.1	More Than 4 Years	22.7
Day Services	No	Mental Illness (Org./Psy)	9.4	65 - 74	10.2	1	
Respite Care	No	Mental Illness (Other)	4.7	75 - 84	37.5	1	100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	42.2	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic 0.0 95 & Over 7.0		Full-Time Equivalent			
Congregate Meals	No	Cancer	1.6			Nursing Staff per 100 Re	esidents
Home Delivered Meals	No	Fractures	7.8		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	13.3	65 & Over	96.9		
Transportation	No	Cerebrovascular	7.0			RNs	8.8
Referral Service	No	Diabetes	0.0	Sex	8	LPNs	10.7
Other Services	No	Respiratory	7.8			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	47.7	Male	21.1	Aides, & Orderlies	41.8
Mentally Ill	No			Female	78.9	1	
Provide Day Programming for			100.0			1	
Developmentally Disabled	No				100.0	1	
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Method of Reimbursement

	Medicare Medicaid (Title 18) (Title 19)			Other			Private Pay			Family Care			Managed Care							
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	1	1.1	136	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.8
Skilled Care	20	100.0	224	84	92.3	117	0	0.0	0	9	100.0	170	8	100.0	117	0	0.0	0	121	94.5
Intermediate				6	6.6	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	4.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	20	100.0		91	100.0		0	0.0		9	100.0		8	100.0		0	0.0		128	100.0

HONEY CREEK HEALTH AND REHABILITATION

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Admissions, Discharges, and		Percent Distribution	of Residents'	Conditi	ons, Services	, and Activities as of 12	/31/02
Deaths During Reporting Period							
	1			용	Needing		Total
Percent Admissions from:	1	Activities of	용	Ass	istance of	% Totally	Number of
Private Home/No Home Health	3.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.9	Bathing	0.8		68.0	31.3	128
Other Nursing Homes	2.5	Dressing	0.8		80.5	18.8	128
Acute Care Hospitals	92.5	Transferring	14.8		60.9	24.2	128
Psych. HospMR/DD Facilities	0.0		10.2		64.8	25.0	128
Rehabilitation Hospitals	0.0	Eating	35.2		51.6	13.3	128
Other Locations	0.0	******	*****	*****	*****	******	*****
Total Number of Admissions	161	Continence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	9.4	Receiving	Respiratory Care	13.3
Private Home/No Home Health	8.7	Occ/Freq. Incontinen	t of Bladder	60.9	Receiving	Tracheostomy Care	0.0
Private Home/With Home Health	14.7	Occ/Freq. Incontinen	t of Bowel	54.7	Receiving	Suctioning	0.8
Other Nursing Homes	14.7				Receiving	Ostomy Care	2.3
Acute Care Hospitals	13.6	Mobility			Receiving	Tube Feeding	3.9
Psych. HospMR/DD Facilities	0.5	Physically Restraine	d	0.0	Receiving	Mechanically Altered Dieta	s 32.0
Rehabilitation Hospitals	0.0						
Other Locations	7.1	Skin Care			Other Reside	nt Characteristics	
Deaths	40.8	With Pressure Sores		10.9	Have Advan	ce Directives	65.6
Total Number of Discharges		With Rashes		7.8	Medications		
(Including Deaths)	184				Receiving	Psychoactive Drugs	58.6
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Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

		Owne	ership:	Bed	Size:	Lic	ensure:			
	This	This Proprietary			-199	Ski	lled	Al	1	
	Facility	Facility Peer Group		Peer	Group	Peer Group		Facilities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio	
Occurrency Data, Avenues Daily Consus/Licensed Dade	75 4	01 0	0.02	00.6	0.05	04.0	0.00	OF 1	0.00	
Occupancy Rate: Average Daily Census/Licensed Beds	75.4	81.9	0.92	88.6	0.85	84.2	0.90	85.1	0.89	
Current Residents from In-County	93.8	83.1	1.13	85.4	1.10	85.3	1.10	76.6	1.22	
Admissions from In-County, Still Residing	23.6	18.8	1.26	18.6	1.27	21.0	1.12	20.3	1.16	
Admissions/Average Daily Census	111.8	182.0	0.61	203.0	0.55	153.9	0.73	133.4	0.84	
Discharges/Average Daily Census	127.8	180.8	0.71	202.3	0.63	156.0	0.82	135.3	0.94	
Discharges To Private Residence/Average Daily Census	29.9	69.3	0.43	76.5	0.39	56.3	0.53	56.6	0.53	
Residents Receiving Skilled Care	95.3	93.0	1.03	93.5	1.02	91.6	1.04	86.3	1.10	
Residents Aged 65 and Older	96.9	87.1	1.11	93.3	1.04	91.5	1.06	87.7	1.11	
Title 19 (Medicaid) Funded Residents	71.1	66.2	1.07	57.0	1.25	60.8	1.17	67.5	1.05	
Private Pay Funded Residents	7.0	13.9	0.51	24.7	0.28	23.4	0.30	21.0	0.33	
Developmentally Disabled Residents	0.8	1.0	0.81	1.0	0.78	0.8	0.97	7.1	0.11	
Mentally Ill Residents	14.1	30.2	0.47	28.5	0.49	32.8	0.43	33.3	0.42	
General Medical Service Residents	47.7	23.4	2.03	28.9	1.65	23.3	2.05	20.5	2.33	
Impaired ADL (Mean)	55.3	51.7	1.07	50.9	1.09	51.0	1.08	49.3	1.12	
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Psychological Problems	58.6	52.9	1.11	52.9	1.11	53.9	1.09	54.0	1.09	
Nursing Care Required (Mean)	8.9	7.2	1.23	6.8	1.31	7.2	1.23	7.2	1.23	